

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **20706**

Registration District No. **322**

Primary Registration District No. **1002**

Registrar's No. **2226**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
3538 Bales
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
(Specify whether
In this community **10 years**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Gertrude Edith Curry**

8. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ralph F. Curry** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **January 12 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 4 27 hr. min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER, FATHER { 12. Name **William Tillman**
13. Birthplace **South Carolina**
14. Maiden name **Arizona Gaston**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph F. Curry**
(b) Address **3538 Bales, Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **6- -41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawrence, Kansas**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **6/11/1941** (b) **M. M. Crown**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3538 Bales**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **X** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9th**,
year **1941** hour **11:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan. 1, 1933**, to **June 9, 1941**,
that I last saw him alive on **June 9, 1941**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Tubercular Infection
1. Tubercular Infection

Due to **135**

Due to **135**

Other conditions
(Include pregnancy within 3 months of death) **135**

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury **C**

23. Signature **Stine & McClure** (M. D. or other)
Address **802 x Paris** Date signed **6/11/41**

Dr. Jones, 80th and Paseo

2 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Hillis V. Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed

H. V. Bennett

Licensed Embalmer No. *1415*

P. O. Address *15, E. 170*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.